


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L26915**  
 1. Entity Name  
**FEINSTEIN TAX & ACCOUNTING, INC.**



Principal Place of Business      Mailing Address  
**% MONICA FEINSTEIN**      **% MONICA FEINSTEIN**  
**13180 N CLEVELAND AVE SUITE 218**      **13180 N CLEVELAND AVE SUITE 218**  
**FT MYERS, FL 33903**      **FT MYERS, FL 33903**

**DO NOT WRITE IN THIS SPACE**



03122006    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>65-0153233</b>	Applied For Not Applicat
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**FEINSTEIN, MONICA**  
**13180 N CLEVELAND AVE SUITE 218**  
**FT MYERS, FL 33903**

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FEINSTEIN, MONICA 446 SW 6TH ST CAPE CORAL, FL
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 03/29/06-00030-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Monica L Feinstein*      **Monica L Feinstein**  
 President      **3-13-06 239-995-001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #